



PTO/SB/21 (08-03) (AW 10/2003)

Approved for use through 7/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission 32

Application Number	10/017,965
Filing Date	December 7, 2001
First Named Inventor	Mitsuaki Oshima
Art Unit	2134
Examiner Name	Paul E. Callahan
Attorney Docket No.	MTS-520US4

**RECEIVED****JAN 08 2004****Technology Center 2100****ENCLOSURES (Check all that apply)**

- ☒ Fee Transmittal Form  
☒ Fee Attached
- ☒ Amendment/Reply  
☒ After Final  
☐ Affidavits/Declaration(s)

☒ Extension of Time Request

☐ Express Abandonment Request

☒ Information Disclosure Statement

☐ Certified Copy of Priority Document(s)

☐ Response to Missing Parts/  
Incomplete Application

☐ Response to Missing Parts under  
37 CFR 1.52 or 1.53

- ☐ Drawing(s)
- ☐ Licensing-related Papers
- ☐ Petition
- ☐ Petition to Convert to a  
Provisional Application
- ☐ Power of Attorney, Revocation,  
Change of Correspondence  
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- ☐ After Allowance Communication  
to Group
- ☐ Appeal Communication to Board  
of Appeals and Interferences
- ☐ Appeal Communication to Group  
(Appeal Notice, Brief, Reply  
Brief)
- ☐ Proprietary Information
- ☐ Status Letter
- ☒ Other Enclosure(s) (please  
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**Remarks:****SIGNATURE OF APPLICANT, ATTORNEY OR AGENT**

Firm or Individual	Jack J. Jankovitz	Registration No. (Attorney/Agent)	42,690
Signature			
Date	January 5, 2004		

**CERTIFICATE OF TRANSMISSION / MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date:

**January 5, 2004**

Name (Print/Type) Kathleen Carney

Signature

Date January 5, 2004

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PTO/SB/17 (10-03) (AW 12/2003)  
Approved for use through 7/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 110

Complete if Known

Application Number 10/017,965  
Filing Date December 7, 2001  
First Named Inventor Mitsunaki Oshima  
Examiner Name Paul E. Callahan  
Art Unit 2134  
Attorney Docket No. MTS-520US4

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Technology Center 2100

## METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None

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Account  
Number  
  
Deposit  
Account  
Name

18-0350

RatnerPrestia

The Director is authorized to: (check all that apply)

- ☐ Charge fee(s) indicated below  
☒ Credit any overpayments  
☒ Charge any additional fee(s) or any underpayment of fee(s)  
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1)

(\$) 0

### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	Total Claims	Extra Claims	Fee from below	Fee Paid
Total Claims	-20**	= 0	X	= 0
Independent Claims	-3**	= 0	X	= 0
Multiple Dependent			X	= 0

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$) 0

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	110
1252	420	2252	210	Extension for reply within second month	
1253	950	2253	475	Extension for reply within third month	
1254	1,480	2254	740	Extension for reply within fourth month	
1255	2,010	2255	1,005	Extension for reply within fifth month	
1401	330	2401	165	Notice of Appeal	
1402	330	2402	165	Filing a brief in support of an appeal	
1403	290	2403	145	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,330	2453	665	Petition to revive - unintentional	
1501	1,330	2501	665	Utility issue fee (or reissue)	
1502	480	2502	240	Design issue fee	
1503	640	2503	320	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	770	2809	385	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	770	2810	385	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	770	2801	385	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify)

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$) 110

## SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Jack J. Jankovitz	Registration No. Attorney/Agent	42,690	Telephone	(610)407-0700
Signature				Date	January 5, 2004

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NAME: M. Oshumata et al.

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|---|--|
| <input checked="" type="checkbox"/> IDS and PTO Form 1449 ( <u>3</u> pp.) (Supplemental: YES or NO) | <input type="checkbox"/> Copy of Search Report                     |
| <input checked="" type="checkbox"/> Copy of <u>8</u> reference(s)                                   | <input type="checkbox"/> Preliminary Amendment                     |
| <input type="checkbox"/> Verification of a Translation  | <input type="checkbox"/> Priority Document(s) (CERTIFIED)          |
| <input type="checkbox"/> Claim To Right of Priority   | <input type="checkbox"/> Petition for Ext. of Time ( <u>no</u> mo) |
| <input type="checkbox"/> Amendment ( <u>    </u> pp.)   | <input type="checkbox"/> Copy of Formalities Letter ( 371 )        |
| <input type="checkbox"/> Response to Missing Parts  | <input type="checkbox"/> Fee Transmittal                           |
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| <input type="checkbox"/> Assignment & Form 1595 ( <u>3</u> pp.)                                     | <input type="checkbox"/> Submission of Formal Drawings             |
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| <input type="checkbox"/> Certificate of Correction and 1050   |  |
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NAME: M. OSHIMA

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<input checked="" type="checkbox"/> IDS & PTO 1449 ( <u>9</u> pp.)	<input type="checkbox"/> Copy of Reference(s)
<input checked="" type="checkbox"/> Copy of Search Report <u>PREA O.A.</u>	<input type="checkbox"/> Form 1390
<input type="checkbox"/> Claim to Right of Priority	<input type="checkbox"/> Priority Document(s)
<input type="checkbox"/> Response to Missing Parts	<input type="checkbox"/> Copy of Formalities Letter
<input type="checkbox"/> Declaration & POA (____ pp.)	<input type="checkbox"/> Certificate of Express Mailing
<input checked="" type="checkbox"/> Petition for Ext. of Time ( <u>1</u> mo.)	<input type="checkbox"/> Assignment of Form 1595 (____ pp.)
<input type="checkbox"/> Utility Transmittal	<input checked="" type="checkbox"/> Fee Transmittal <u>+1</u>
<input checked="" type="checkbox"/> Amendment/Response ( <u>15</u> pp.)	<input type="checkbox"/> Preliminary Amendment (____ pp.)
<input type="checkbox"/> Issue Fee/Publication Fee	<input type="checkbox"/> Formal Drawing(s) (____ pp.)
<input checked="" type="checkbox"/> Transmittal	<input type="checkbox"/> _____
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